



"Megan C. Krat" <Mkrat@hansonbridgett.com> on 10/16/2012 07:09:55 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc: "Kevin R. Heneghan" <Kheneghan@hansonbridgett.com>,

Subject: FORM 9 - SAVE HETCH HETCHY, NO ON F

Attached please find a Form 9 filed by Save Hetch Hetchy, No on F.

Thank you

Megan C. Krat
Political Compliance Specialist
Hanson Bridgett LLP
(415) 995-5845 Direct
(415) 541-9366 Fax
Mkrat@hansonbridgett.com
Hanson Bridgett LLP
425 Market Street, 26th Floor
San Francisco, CA 94105



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FEC Form 9_Save Hetch Hetchy (2).PDF

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

SAVE HETCH HETCHY, NO ON F

(b) Address (number and street) ☐ check if different than previously reported

425 MARKET STREET, 26TH FLOOR

(c) City, State and ZIP Code

SAN FRANCISCO, CA 94105

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

2. FEC Identification Number

C N / A

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

through

5. (a) Date of Public Distribution(s)

1 0 1 5 2 0 1 2

(b) Communication Title

Save Hetch Hetchy, No on F Ad

6. The filer is a(n): (a) Individual (b) ☒ Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

N/A

8. Custodian of Records

(a) Name

KEVIN HENEGHAN

(b) Address (number and street)

425 MARKET STREET, 26TH FLOOR

(c) City, State and ZIP Code

SAN FRANCISCO, CA 94105

(d) Name of Employer or Principal Place of Business

HANSON BRIDGETT, LLP

(e) Occupation

ASSTISTANT TREASURER

9. Total Donations This Statement

\$ 0

10. Total Disbursements/Obligations This Statement

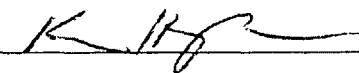
\$ 60,822

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

KEVIN HENEGHAN, ASSISTANT TREASURER

SIGNATURE



DATE

10/16/12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name VINCE COURTNEY, TREASURER	
	(b) Address (number and street) 425 MARKET STREET, 26TH FLOOR	
	(c) City, State and ZIP Code SAN FRANCISCO, CA 94105	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
B.	(a) Name KEVIN HENEGHAN, ASSISTANT TREASURER	
	(b) Address (number and street) 425 MARKET STREET, 26TH FLOOR	
	(c) City, State and ZIP Code SAN FRANCISCO, CA 94105	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
C.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 3 OF 4

A. Full Name (Last, First, Middle Initial) of Payee: SADLER STRATEGIC MEDIA <hr/> Mailing Address of Payee 12103 VIEWCREST ROAD <hr/> City _____ State _____ Zip Code _____ STUDIO CITY, CA 91604 <hr/> Name of Employer _____ Occupation _____		Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 2 <hr/> Amount \$ 20,000 <hr/> Communication Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 2
Purpose of Disbursement (Including title(s) of communication(s)) PLACEMENT OF TELEVISION ADVERTISEMENT		
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____ DIANNE FEINSTEIN		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12 NANCY PELOSI		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee: SADLER STRATEGIC MEDIA <hr/> Mailing Address of Payee 12103 VIEWCREST ROAD <hr/> City _____ State _____ Zip Code _____ STUDIO CITY, CA 91604 <hr/> Name of Employer _____ Occupation _____		Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 2 <hr/> Amount \$ 20,000 <hr/> Communication Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 2
Purpose of Disbursement (Including title(s) of communication(s)) PLACEMENT OF TELEVISION ADVERTISEMENT		
Name of Federal Candidate _____ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____ DIANNE FEINSTEIN		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12 NANCY PELOSI		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		\$ 40,000
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee SCN STRATEGIES, INC. <hr/> Mailing Address of Payee 114 SANSOME STREET, SUITE 220 <hr/> City _____ State _____ Zip Code _____ SAN FRANCISCO, CA 94104 <hr/> Name of Employer _____ Occupation _____		Date of Disbursement or Obligation * * * * * 1 0 1 8 2 0 1 2 <hr/> Amount \$ 20,822 <hr/> Communication Date * * * * * 1 0 1 8 2 0 1 2	
Purpose of Disbursement (Including title(s) of communication(s)) TELEVISION PRODUCTION			
Name of Federal Candidate DIANNE FEINSTEIN <hr/> Name of Federal Candidate NANCY PELOSI <hr/> Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <hr/> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <hr/> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CA</u> District: _____ <hr/> State: <u>CA</u> District: <u>12</u> <hr/> State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ <hr/> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ <hr/> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee <hr/> Mailing Address of Payee: <hr/> City _____ State _____ Zip Code _____ <hr/> Name of Employer _____ Occupation _____		Date of Disbursement or Obligation * * * * * 6 <hr/> Amount <hr/> Communication Date * * * * * 6	
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate <hr/> Name of Federal Candidate <hr/> Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <hr/> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <hr/> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ <hr/> State: _____ District: _____ <hr/> State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ <hr/> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ <hr/> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		\$ 20,822	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		\$ 60,822	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>10/16/2012</i>
<i>JB</i> PREPARER	<i>10/17/2012</i> DATE PREPARED

(3/2005)